PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | Application or Docket Number 10/801,789 | | | ing Date 16/2004 | To be Mailed | |
|---|---|---|--------------------------------------|---|------------------|---|--|------------------------|-----|-------------------------------|------------------------|--|
| APPLICATION AS FILED – PART I (Column 1) (Column 2) | | | | | | | SMALL ENTITY 🛛 | | | OTHER THAN OR SMALL ENTITY | | |
| ⊢ | FOR | | NUMBER FILED | | NUMBER EXTRA | | RATE (\$) | FEE (\$) | OK. | RATE (\$) | FEE (\$) | |
| П | BASIC FEE | _ | N/A | LD NO | N/A | | N/A | TEE (a) | i | N/A | TEE (8) | |
| ┢ | (37 CFR 1.16(a), (b), s SEARCH FEE | or (c)) | N/A | | | | | | ł | | | |
| H | (37 CFR 1.16(k), (i), (ii) | | N/A | | N/A | | N/A | | l | N/A | | |
| TO | (37 CFR 1.16(o), (p), (| | N/A | | N/A | | N/A | | ١ | N/A | | |
| (37 | CFR 1.16(i)) EPENDENT CLAIM | s | minus 20 = | | • | | x \$ = | | OR | x \$ = | | |
| (37 | CFR 1.16(h)) | | minus 3 = * | | | | x \$ = | | ı | x \$ = | | |
| | APPLICATION SIZE (37 CFR 1.16(s)) | FEE shee is \$2 addit | ts of pap 50 (\$125 ional 50 : | gs exceed 100 in size fee due for each in thereof. See CFR 1.16(s). | | | | | | | | |
| | MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) | | | | | | | | 1 | | | |
| * If | * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | | 1 | TOTAL | | |
| | APPI | OED - PART II | | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | | | | | | |
| AMENDMENT | 10/16/2007 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1.16(i)) | * 36 | Minus | ·· 42 | = 0 | | X \$25 = | 0 | OR | x s = | | |
| | Independent (37 CFR 1.16(h)) | • 3 | Minus | ***4 | = 0 | l | X \$105 = | 0 | OR | x s = | | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | | |
| _ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | OR | | | |
| | | | | | | | TOTAL ADD'L FEE | 0 | OR | TOTAL ADD'L FEE | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | |
| AMENDMENT | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1,16()) | | Minus | | = | l | x \$ = | | OR | x \$ = | | |
| M | Independent (37 CFR 1.16(h)) | | Minus | *** | | | x \$ = | | OR | x \$ = | | |
| Ä | Application Size Fee (37 CFR 1.16(s)) | | | | | | | |] | | | |
| ΑM | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | OR | | | |
| Γ | | | | | | | | | OR | TOTAL ADD'L FEE | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For "(Total or independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |

This collection of information is equated by 37 CER 1.10. The information is required to obtain or retain a benefit by the public which is in life (and by the USETO to noceess) an implication. Confidentially is governed by 85 USE v. 22 and 37 CER 1.4. If this collection is estimated to state 2 relaminate to complete in exident gradients in estimated to the size 2 mid-marked to complete in exident gradients, preparing, and submitting the completed application form to the USETO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations for motioning this burford, ashed be sent to the Child information Officer. US. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO C. Commissionment for Patients, P.O., Box 1450, Alexandria, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.